

OCT 19 2005

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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Jason D. Cardone

Firm: U.S. Patent and Trademark Office
Art Unit 2145

Facsimile: (571) 273-8300

From: Matthew K. Ryan

Date: October 19, 2005

Re: FLH Ref No.: 450106-02185
Serial No: 09/600,236

Number of Pages: 40
(including cover page)

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OCT 19 2005

PATENT
450106-02185IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Hiraku Inoue
 Serial No. : 09/600,236
 Filed : July 13, 2000
 For : INFORMATION PROCESSING SYSTEM USING REMOTE CONTROL, WITH DEVICE AND METHOD THEREFOR (AS AMENDED)
 Examiner : Jason D. Cardone
 Art Unit : 2145

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	50	Minus	** = 98	* 0 x	\$50 (25)	= \$ 0
Independent claims	6	Minus	***=12	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

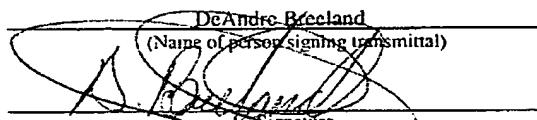
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid , or is paid herewith .
- This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- A check in the amount of \$____ is attached, which covers the cost of additional claims petition for extension of time.
- Charge \$____ to Deposit Account No. 50-0320.
- Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

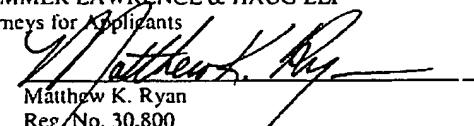
CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on October 19, 2005

DeAndre Breeland
 (Name of Person signing transmittal)

 Signature
 October 19, 2005
 Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By: 
 Matthew K. Ryan
 Reg. No. 30,800

U.S. Patent Application No. 09/600,236
Reply to Office Action dated July 21, 2005

OCT 19 2005

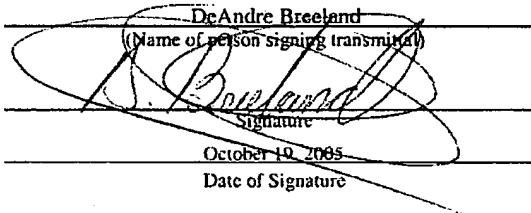
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 Confirmation No. : 9826

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 DeAndre Breeeland
 (Name of person signing transmission)
 Signature
 October 19, 2005
 Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

In response to the non-final Office Action mailed on July 21, 2005, having a three-month statutory period for response set to expire on October 21, 2005, please amend the above-identified application as follows.

U.S. Patent Application No. 09/600,236
Reply to Office Action dated July 21, 2005

PATENT
450106-02185

Amendments to the Specification begin on page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims, which begins
on page 4 of this paper.

Remarks/Arguments begin on page 32 of this paper.